

SEP 22 2005

**DuaneMorris**

DUANE MORRIS LLP  
ONE MARKET. SPEAR TOWER, SUITE 2000  
SAN FRANCISCO, CA 94105-1104  
PHONE: 415.371.2200  
FAX: 415.371.2201

**FACSIMILE TRANSMITTAL SHEET**

**TO:** Examiner Jonathan M. Foreman – Group Art Unit: 3736

**FIRM/COMPANY:** U.S. Patent and Trademark Office – Mail Stop Amendment

**FACSIMILE NUMBER:** (571) 273-8300

**CONFIRMATION  
TELEPHONE:** 571.272.4724 (Examiner)

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** September 22, 2005

**USER NUMBER:** 5121

**FILE NUMBER:** Docket No. R0367-00201

**TOTAL # OF PAGES:** 19  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is a Response to the Office Action mailed 3/23/2005 in connection with patent application Serial No. 10/010,213, filed December 4, 2001.

*Please confirm receipt of this facsimile.*

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **METHODS AND APPARATUS FOR  
SECURING MEDICAL INSTRUMENTS TO  
DESIRED LOCATION IN A PATIENT'S  
BODY**

Examiner: Jonathan M. Foreman

Group Art Unit: 3736

Serial No.: 10/010,213

Filed: December 4, 2001

Atty. Docket No.: R0367-00201

TRANSMITTAL

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 276-8300, addressed to Examiner Jonathan M. Foreman, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 22, 2005, in San Francisco, CA.

Anne Marie Leavy

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 3/23/2005 and Change of Correspondence Address.
- Claim Fee Calculation  
☒ No additional claim fee is required.  
☐ Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

Description	Ref. Code	Claims	Ex. x	Rate	Fee
Independent Claims	2201	4 - 5 =	0 x	\$100=	\$ 0
Total Claims	2202	16 - 42 =	0 x	\$25=	\$ 0

Total Fees Due.....\$ -0-

- Additional fees: Request for Extension of Time for three (3) months from June 23, 2005 to September 23, 2005 pursuant to 37 CFR 1.17(a)(3).....\$510.00
- Payment of Fees  
☐ Enclosed is a check for the total fees due in the amount of \_\_\_\_.  
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00201. A duplicate copy of this transmittal is enclosed.

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Duane Morris LLP  
One Market  
Spear Tower, Suite 2000  
San Francisco, CA 94105  
Direct Dial: (415) 371-2267  
Facsimile: (415) 371-2201By: 

Edward J. Lynch

Registration No. 24,422